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CONFIRMATION NO. 3560

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|-----------------------------|--|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER<br>10/822,919 | FILING OR 371(c)<br>DATE<br>04/13/2004<br>RULE | CLASS<br>455 | GROUP ART UNIT<br>2618 | ATTORNEY<br>DOCKET NO.<br>051933-1100 |
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## APPLICANTS

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*None 8M*

## \*\* CONTINUING DATA \*\*\*\*\*

*None 8M*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/23/2004

|                                 |   |                        |                     |                    |                         |
|---------------------------------|---|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR COUNTRY<br>CA | SHEETS DRAWING<br>8 | TOTAL CLAIMS<br>30 | INDEPENDENT CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after<br>Allowance |                        |                     |                    |                         |
| Verified and Acknowledged       | Examiner's Signature <i>SMV</i>   | Initials <i>SMV</i>    |                     |                    |                         |

## ADDRESS

24504

## TITLE

Direct current offset correction systems and methods

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>1036 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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